8		
	THE PARTY NAMED IN	
/	/816	F

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF SOLID AND HAZARDOUS WASTE MANAGEMENT P.O. Box 7035

Indianapolis, IN 46207-7035													
16		Form designed for use on e		:) Manifest		approved. C	MB No.	2050-00	039. Expires 9-30-94				
	UNIFORM HAZARDOUS WASTE MANIFEST	- TAD9811257		Document No		of /	tems D,	F, H, I	he shaded areas is y Federal law, but and K are required				
	3. Generator's Name and Mailing Address	Generator's Name and Mailing Address Louis Rich Highway 149 North							A. State Manifest Document Number				
	Highway 149 North								INA 1064855  B. State Generator's ID				
200	Sigourney, IA 52591 4. Generator's Phone ( \$15 622-		D. State Generators in										
	5. Transporter 1 Company Name	- Acres	C. State Transporter's ID TI3209										
	HazChem Environmental C		D. Transporter's Phone 6399-916-169  E. State Transporter's ID										
8	7. Transporter 2 Company Name	100	F. Transporter's Phone										
	9. Designated Facility Name and Site Addre	G. State Facility's ID											
	Pollution Control Indus		H. Facility's Phone										
	4343 Kennedy Avenue East Chicago, IN 46312	4343 Kennedy Avenue East Chicago, IN 46312 'IND '000 '646 '943' '							219-397-3951				
	11. US DOT Description (Including Proper Shi	Bullin Happiloer		12. Conta	iners	13.		14. Unit	I. Waste No.				
	wife-for ambuburyasi	diamin di	II-Johk Findes	No.	Туре	Total Quantit		Vt/Vol.	waste No.				
G	* Hazardous Waste; PGII (Solid containing)  * WASTE SILVER NITERS	solid, 1.0.5,	9, NA3077			AFREKA GIE	ad a	HE					
N	PGII (solid containing	u silvemitrat	etrinevanut	1001	DF	000	ZOI	D	D003				
R	" WASTE SILVER NITERS	2.51.00149	3 P6TT		MID	milsio of	o di	eop ir	of temes (S.)				
T		, – , ,	10:75	00.1	NE	0000	50	6	Dool				
R 	C	Alter Beulie erice	a significant	00 4	DI	000	-	7					
				emange									
	d	- 100 hand 100 h			20-0010		-	- 1					
	mode other tran highway is used, the			es (bos		igie hisét	there.	(Olysie	Man lear (81)				
	worker sounds and or paners	il the to relaw ite.	apour el autorde				uding s	di willi	IT COROW				
	J. Additional Descriptions for Materials Listed A	K. Ha	Handling Codes for Wastes Listed Above RECEIVED										
	116 GPA CONT: POIL		Marine Comment of the										
	114)511								1 1996				
	15. Special Handling Instructions and Additional Information  IRSP. BRANCH												
	116) PLC (5577): 1×30 (	LR-2) ****	Caparator re	nuest s	ear	rificat.			ruction**				
	te i manimipie, aquiman Gopy 3 to	*	Emergency ph	one	291	6-1697	- INV		Party Spirit				
	16. GENERATOR'S CERTIFICATION: I here name and are classified, packed, mark	ed, and labeled, and are	ents of this consignments in all respects in pro	ent are fully per condition	and a	ccurately des transport by	scribed a highway	above t y accoi	oy proper shipping rding to applicable				
	international and national governmenta		n in place to reduce t	ho volumo r	nd to	rigity of was	lo copor	ated to	the degree I have				
	If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith												
	effort to minimize my waste general Printed/Typed Name	tion and select the bo	est waste manageme Signature	ent method	that	is available	to me	and t	hat I can afford.				
*	MaryAlbert		1) Kerry	all	Lec	+		N.	donth Day Year				
T	17. Transporter 1 Acknowledgement of Receipt	ot of Materials		0				-1	Date				
AN	Printed/Typed Name		Signature	/				IN	onth Day Year				
PO	18. Transporter 2 Acknowledgement of Receip	ot of Materials	CA	1		edt to autos	A DEACHER	an	1 1 10				
TRANSPORTER	Printed/Typed Name		Signature			part and	a per	IN	Date fonth   Day   Year				
Ř	19. Discrepancy Indication Space		111			<b>BIA 18191 11381 1</b> 1111		L					
_	19. Discrepancy Indication Space		S) (ISM)										
FAC	g zype grichaw iği wil ninew muchin		on mely			9154		_					
L			F	KCRA R	eco	rds Ce	:ntel	-					
T	20. Facility Owner or Operator: Certification o	freceipt of hazardous mate	erials covered by this ma	anifest excep	t as no	ted item 19.	nign dri	10003	insibrita in a				
Y	Printed/Typed Name	GIA TO A STATE OF THE STATE OF	Signature	HINNEY B	SSW	emonyezib.	une p	14	Date Nonth   Day   Year				

EPA Form 8700-22 Previous editions are obsolete State Form 11865 (R2 / 1-94)